



# MOBILIZATION CAREER WORKSHEET

ONE PAGE PER EVENT / RESOURCE #

Resource #
Event Name:

Attach One Form Per Firefighter Per Event	Reimbursement Rate	
Name:	Regular Hours Rate	Overtime Hours Rate
Check One: Career Backfill/Replacement		
Base Hourly Rate (No Benefits Included)	\$	\$
Social Security (Hourly) If Applicable	\$	\$
Medicare (Hourly) %	\$	\$
LEOFF / PERS (Hourly) %	\$	\$
L&I Insurance (Actual Hourly Rate)	\$	\$
Medical/Dental Insurance	\$	
Monthly Rate \$ Divided by Regular Hours = Hourly Amount		
Life Insurance, Employee Assistance Program, and Disability Insurance Included with Medical Insurance.		
<b>Total Cost of Compensation Rate</b>	\$	\$

## Hours Worked:

Date	On/Off Shift	Hours From	Hours To	Regular Hours	Overtime Hours	Shift
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
Total Hours						Total Amount
Total Dollars (Hours x TCC Rates Above)				\$		\$
Backfill/Replacement (Overtime Hours x TCC Divided By 3				\$		\$

Page \_\_\_\_ Of \_\_\_\_

Return To:  
WSP Emergency Mobilization Section  
POB 42600  
Olympia, WA 98504

Send To Mobilization Section  
Attach to MOBE 16-2A

MOBE 16-2B Effective 5/02  
Do Not Use Previous Versions